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ORIGINAL ARTICLES.

LUPUS AND THE BACILLUS TUBERCULOSIS.

BY JAMES E. REEVES, M.D.,

OF WHEELING, W. VA.

THE question concerning the identity of lupus and tuberculosis, since the discovery of Koch's tubercle bacillus, has received much attention, and, notwithstanding the studies of the pathological anatomy of lupus by Virchow, Wedel, Auspitz, Kaposi, and Neumann, in Germany, and by Malassez, Grancher, J. Renaut, Chandelux, Vidal, and Leloir, in France, it is still a matter of discussion and difference of opinion.

The observations of Koch, Doutrelepont, Neisser, Lassar, Leumiski, Lewin, and other distinguished pathologists, which led them to regard lupus as nothing more nor less than a local tuberculosis of the skin, have been ably discussed and opposed by several careful authorities: notably by Schwimmer, of Budapesth, and Kaposi, of Vienna, both of whom base their declarations, opposing the view establishing the identity of lupus and tuberculosis, mainly on clinical grounds.

At the recent Berlin Congress, Schwimmer said that "the affection known as tuberculosis of the skin is a very rare one, while lupus occurs frequently." He found among 2,400 patients, 90 cases of lupus, but only 5 cases of pronounced tuberculosis of the skin. The clinical diagnosis in the latter affection is based on the bacterial proofs. Among the 90 lupus patients, he found 68 per cent. constitutionally untainted; in 15 per cent. only he found a hereditary element. These facts, he held, speak against any etiological relation between the two diseases.

In the latest edition, 1886, of *Les Bacteries*, by Cornil and Babes, in which is presented a summary of all the knowledge on the subject, these authors say:

"We have searched with Lewin for the bacillus of tuberculosis in a dozen cases of lupus, in material taken during life, and although we have examined several sections of each fragment taken, we have found but a single time a bacillus. Malassez, on the other hand, has looked in vain in several cases of lupus for the bacillus of tuberculosis. Pfeiffer, Doutrelepont, and Demme have been more fortunate, and have found it constantly. . . . .

"When Friedländer, Köster, and others had described the tubercular follicle with its giant-cells, and when it was well demonstrated that lupus gave the type, the most perfect, the identity of tuberculosis was proclaimed —lupus being considered a local tuberculosis of the skin. Such has been for some time the fixed opinion of Besnier.

' Leloir, had in 1882[1] commenced the inoculation of lupus. In these experiments made with one of us, Leloir has obtained in half of the experiments[1] positive results, that is to say, a generalized tuberculosis in which the tubercles contained bacilli and gave rise to tuberculosis in successive inoculations. We have nevertheless remarked that the result was more slowly produced than when one employed the pulmonary tubercle as inoculating material.

"The most recent researches of Koch[2] demonstrate quite clearly the identity of tuberculosis and lupus. Koch has found four times the bacillus of tuberculosis in small numbers. In one case, for example, he was obliged to examine twenty-seven sections, and at another time forty-three sections, before finding a single one. But upon a series of successive sections, he found at one time one or two in each section. He has never seen more than a single bacillus in a giant-cell. Further, Koch has obtained in a pure state, cultures of the bacillus upon blood serum following the inoculation with material from hypertrophic lupus. One can then say, to-day, that tubercular lupus and lupus scléreux belong to tuberculosis."

By the light of the foregoing references, the following case, from the practice of Dr. J. F. Baldwin, of Columbus, Ohio, to whom I am greatly indebted for the report, may be of interest to those who have been engaged in the study and discussion of the question—Are lupus and tuberculosis identical? At least, the record is given for what it is worth.

January 9, 1887. Miss M., aged twenty-two. One sister died of consumption. Rest of family healthy. Has been failing rapidly for six months; cough, emaciation, anorexia, night sweats, etc. Examination of lungs by Dr. Baldwin revealed the usual evidences of advanced phthisis. Three years ago, she fell from a swing and caught her left index finger over a wire in such a way as (she says) to lacerate the flexor tendons. The skin was not broken. The finger became enlarged, but was not so painful as to keep her from working as a domestic. A few weeks ago, it became more tender and enlarged, and when Dr. Baldwin saw it, it presented a typical picture of specific dactylitis. On examination, he found it contained pus and was about ready to burst. He lanced it, and gave exit to quite an amount of sanious pus, though not as much as he had expected. The usual after-treatment directed. He saw her again on the 13th of January. A peculiar looking mass was presenting at the opening. The finger was nearly as large as before—about as it had been previously to the recent inflammation, she said—and hard: there were also two hard masses to be seen and felt along the flexor sheath in the palm of the hand. The protruding mass led him to fear sarcoma, from its appearance and feel, and he removed at once a considerable portion of it. To remove it all, would have required removal of the finger and a part of

[1] Société de Biologie Dec. 1882.

[1] Cornil and Leloir: Société de Biologie, Juin, 1883.

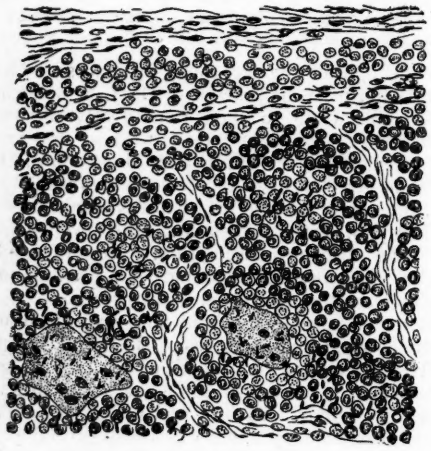
[2] Mittheilungen aus dem Kaiserlichen Gesundheitsamte von Dr. Struck, 2 vol., Berlin, 1884.

the hand, an operation which would not have been justifiable in her condition.

A portion of the removed mass was sent to me for microscopic examination. The wound did nicely, but the patient died of phthisis within the next three weeks.

The specimen sent me for microscopical study was passed through weak and absolute alcohols, cleared in spirits of turpentine, and then cast in paraffin. Twenty-eight sections were made, and stained so as to show bacilli if present, every one of which demonstrated typical giant-cells of tuberculosis, and countless numbers of tubercle-bacilli. Indeed, in all of my microscopical studies I have not found, even in lung-tissue, greater colonies of bacilli, neither sharper nor better definition, than in this specimen of lupus tissue. In proof that there was no mistake in the diagnosis—lupus—I have the honor to mention that sections were submitted to Prof. Wm. H. Welch, of Johns Hopkins University, who unhesitatingly pronounced the specimen lupus.

The accompanying illustration shows the microscopic appearance of the section.



× 350.

Prof. Welch's report is as follows:

"The microscopical appearances in the sections sent for examination are those of tuberculosis. The sections, which have been well prepared, are devoid of epithelium. The tissue is composed of typical miliary tubercles, of diffuse tuberculous tissue, and of a small amount of ordinary fibrillated connective tissue moderaely rich in leucocytes. The miliary tubercles present a cental part composed chiefly of large endothelioid cells, and a peripheral part in which small round cells predominate. In a few tubercles giant-cells are present. Central areas of coagulation-necrosis are to be found in only a small number of tubercles, and, when present, are of small size. The tubercles lie in diffuse tuberculous tissue composed mainly of endothelioid cells and of leucocytes.

In the sections stained for tubercle-bacilli, these bacilli are present in very large number, both within the tuberculous nodules and in the diffuse tuberculous tissue. The bacilli lie, for the most part, scattered irregularly throughout the tissue, but here and there they are accumulated in clumps. The bacilli are both intracellular and extracellular; in the former case being found within the giant-cells and the endothelioid cells."

Since the foregoing was written Prof. George H. Rohé, of Baltimore, has kindly sent me a specimen of *lupus vulgaris*—an entire ear. The neoplasmic cellular structure was found on microscopical examination to be precisely the same as in the specimen sent me by Dr. Baldwin; but showing fewer tubercle bacilli, which, possibly, may be accounted for by too long soaking and hardening of the specimen in strong alcohol, and the use of a stain not freshly made.

The following is the clinical history of the case furnished by Dr. Rohé:

"Mr. N., white, American, aged sixty-two, and by occupation a shoemaker, first noticed a brownish spot on his forehead about fourteen years ago. This spot increased slowly in size until it became as large as a twenty-five cent piece. It never ulcerated, and was never painful or itchy. About the same time he had a severe pulmonary affection which was attended by much cough, and later he had several slight hemorrhages, presumably from the lungs. About two years after the first appearance of the patch upon the forehead, a similar spot appeared upon the left cheek, which gradually extended until it reached downward below the jaw, forward to a line nearly perpendicular to the angle of the mouth, and upward and backward, invading the auricle, and extending for some distance (about two inches) into the hairy scalp. Under the left eye, and just within the malar prominence, a third spot appeared, which also eventually reached the size of a silver quarter.

"About the time the patch was first noticed on the left cheek the disease also invaded the right cheek, but did not become quite as extensive on this side of the face.

"The patient first consulted me in the spring of 1881. The disease presented the characteristic features of lupus vulgaris. The patient was shown at one of the medical societies in this city, and my diagnosis was concurred in by my friend Prof. I. E. Atkinson, who saw him on that occasion.

"No disease of the lungs could be detected when he first presented himself to me.

"The infiltrated patches on both cheeks, and the integument of the auricle became superficially ulcerated or eroded at times, but a simple dressing would rapidly promote cicatrization. There were never any deep ulcers.

"I scraped out the infiltrated patches on the cheeks with the curette on several occasions, and followed the scraping with nitric and chromic acids. The patch under the left eye was excised, and the edges united by fine silk sutures. This wound healed by first intention. The patient left the city about three years ago, and remained away for two years. Last year he returned and again presented himself. The lupus infiltration had generally returned, and the ear

remained in an ulcerating condition most of the time. Last summer he was prostrated by an attack of croupous pneumonia, since which time he has been more or less of an invalid. No active interference with the lupus was undertaken until January 16, 1887, when the ear, which annoyed him very much on account of the constant suppuration, was amputated with the thermo cautery. The wound healed kindly, and is now entirely cicatrized. For a time, last summer, electrolysis was tried on some parts of the infiltration, but with no very marked success. To-day, previous to writing these notes, I visited Mr. N., and on making a physical examination of his chest, found a cavity in the left apex, and disseminated mucous râles throughout the right lung. He is at present suffering from sciatica, for which complaint he is being treated by his family physician."

ELECTRICITY IN GYNECOLOGICAL PRACTICE.

BY ANDREW GRAYDON, M.D.,

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CASE I.—*January 22, 1884.* R. S., colored, aged thirty-nine; married seventeen years, one child fifteen years ago. Menses regular, scanty, and painful. Bowels constipated. Uterus found mobile, sharply retroflexed, pressing upon the rectum, and obstructing it. The treatment consisted of the faradic current twice or thrice weekly, of five minutes' duration each.

July 23. Uterus is normal in position and curvature. All painful menstruation has disappeared. Bowels regular. Patient discharged cured. The record of this case is abridged. It belongs to a series started at that time which was interrupted. I make a note of it because the result was a marked one. The negative electrode was placed in the uterus, the positive in the bladder. The strength of the current was determined by the patient's endurance—not strong enough to be painful.

CASE II.—*June 9, 1886.* L. B., saleswoman; single, aged twenty-one. Three years ago she fell astride of a fence, at which time she was seized with an acute pain in the right ovarian region. This compelled her to remain some days in bed. Since that time she has had a constant pain, aggravated by standing, walking, or exercise of any kind, and worse at her menstrual periods. The pain is of a sharp, lancinating character, starting from the right ovarian region as a centre. Complains also of dragging, pelvic soreness, and backache, with general nervous irritability.

Examination shows the right ovary prolapsed and very painful to the touch; also some cellulitic deposits. The patient has been treated since her fall in the routine manner, iodine and glycerine tampons, hot water injections, counter-irritation, knee-chest position, etc., with no alleviation of symptoms.

An application of the galvanic current was now made in the following manner: the negative electrode was placed in the vagina, in contact with the sensitive ovary and the deposits; the positive was held in the right hand. The strength of the current was four milliampères. Length of treatment fifteen minutes.

17th. Treatment repeated.

21st. Treatment continued; five milliampères. Patient not so sore.

Same treatment repeated on June 24th, July 8th, 12th, 19th, and 21st.

August 4. Treatment ten minutes, ten to eighteen milliampères. Up to this date the improvement has been steady and unbroken. The ovary remains prolapsed, resisting any attempts at reposition, is entirely devoid of any sensitiveness, and the evidences of preëxisting cellulitis are diminished. With the local improvement the systemic disturbances also showed the good effect of the current. With the exception of a laxative at one time and a diuretic mixture at another, galvanism was the only treatment she received. She was discharged to-day, with the direction to report to us on the first evidence of any trouble.

March 1, 1887. Saw the patient to-day. She states that she has been free from all pain in the pelvis since she last saw us; that her menstrual periods are regular and painless, and that she has been able to attend to her work in the store.

CASE III—*June 15, 1886.* L. L., aged twenty-four; married five years, sterile; suffers with severe dysmenorrhœa. She applied, August, 1884, to the hospital for relief; received no permanent benefit, and was transferred on this date to me for electrical treatment. The uterus is sharply anteflexed. She was treated with the faradic current, taking patient's feelings as the guide to the strength, each application averaging fifteen minutes, twice and thrice weekly, beginning four days after each menstrual epoch. The negative electrode was placed in the uterus, and the positive in the rectum.

July 10. The first menstrual period since beginning treatment has just passed with less pain.

August 17. This menstrual flow was increased in quantity. Slight pain. This increase in discharge was noticed in all our cases in which we used faradism.

September 18. Menstrual period similar to last one.

October 20. Menses from 10th to 17th. No pain. The curve of the canal was taken again to-day, and was markedly diminished.

November 20. Menses on from 12th to 14th. No pain whatever.

December 10. Patient discharged cured. Directed to report in a month.

February 2, 1887. Examination shows uterus in normal position and with normal curvature. Menses continued regular and painless.

CASE IV.—*October 2, 1886.* A. A., aged twenty-six, married three years, sterile. Puberty at fifteen; menstruation irregular for past two years. Bowels constipated. Uterus strongly retroflexed. Treatment same as Case I., twice and thrice weekly.

March 30, 1887. Condition greatly improved. Menses regular and painless, being before treatment very painful. The retroflexion, though not so sharp, remains.

CASE V.—*June 12, 1886.* A. W., single, aged twenty-five. Complains of persistent backache, with dragging pelvic pains. Has also a great sensitiveness of the external genitalia and vaginal walls. A condition of chronic pelvic cellulitis was found upon examination, the uterus being bound down.

The galvanic current was given the patient twice a week, changing the position of the electrodes so that the current thoroughly penetrated all the cicatricial bands, and came in contact with the sensitive parts. She was treated from June 12th to July 24th, seven applications in all, with positive relief to all her symptoms, and was then transferred to another department.

CASE VI.—*June 23, 1886.* M. A., colored, aged twenty-six. Married seven years. Sterile. Puberty at seventeen; menstruation normal up to marriage as to time and duration, but always very painful before and during the flow. Has also severe pain in the sacral and inguinal regions. Bowels regular. General health fair. Uterus sharply anteflexed.

The curvature admitted the sound on the finger with difficulty, a condition of stenosis existing also. Treatment of this case was by the faradic current after manner of Case III.

October 27. In the beginning we could scarcely introduce a flexible electrode, and that only after straightening the uterus with a tenaculum. The improvement kept step with the treatment. At this date the curve is greatly diminished.

The dysmenorrhœa has disappeared, and with it all backache and pelvic pain.

December 27. She complains of the reappearance of the pelvic soreness. Galvanic current was applied, ten milliampères, fifteen minutes.

March 30, 1887. Galvanic current continued to the present time. Pain disappeared. Uterus normal in curvature and position. Menses regular and painless.

CASE VII.—*June 30, 1886.* L. F., aged forty. Married twenty-two years. One child twenty-one years ago. Never pregnant since. Puberty at fourteen, regular as to time and duration, but has severe pain with each period. Gives a history of acute pelvic cellulitis four years ago. Has had metrorrhagia at different times since. Has been treated for the past four years by the routine treatment, iodine, glycerine tampons, boracic acid, etc., with the varying results obtainable in this class of ailments. She suffers with the constant aches and dragging pelvic pains that make life to a woman, thus afflicted, almost unbearable.

Examination gives a condition of chronic cellulitis. Uterus immovable. Nodules are distinctly felt behind and on the right side of the cervix, very sensitive to the touch. Treatment, galvanic current; negative electrode in the vagina, resting against these tender lumps, and the positive on the sacrum. Strength of current fifteen milliampères, thrice weekly.

July 15. Pelvic pains have disappeared. Less tenderness upon examination.

December 11. Attention was to-day called to some hemorrhage the patient had eighteen days after her last menstrual period. A sore spot on the posterior vaginal wall was found, caused evidently by the current having been applied stronger than fifteen milliampères. This healed readily under the use of an iodoform ointment. The uterus shows more mobility, and the cellulitic deposits considerable diminution.

March 31, 1887. The treatment has continued to the present time, one to three times a week. The uterus is freely movable, the evidences of pelvic cellulitis have entirely disappeared. There is no sensitiveness to the touch. She says she has "no backaches or any pain." Menses are regular, lasting three days, without pain. Discharged cured.

CASE VIII.—*October 26, 1886.* A. W., aged forty-five. Married, had one child and three miscarriages; last miscarriage was twelve years ago, from which time she dates her trouble. Complains of constant diffuse pelvic pain, sacral and crural neuralgia of the right side. Uterus was found immovably fixed, with hard, tender nodules to the right side of the cervix. She was treated with the galvanic current.

November 2. The patient was treated twice, and to-day she expressed herself as feeling "a great deal better." She did not visit us again.

CASE IX.—*November 4, 1886.* Mrs. B., aged forty-seven. Married twenty-six years; five children and two miscarriages. Was operated upon for lacerated perineum, December, 1885, which was followed by an attack of pelvic inflammation. Puberty at thirteen, and after three years her menses became regular as to intervals, but each period lasted a week, was profuse in flow, and preceded by severe pain. She was always compelled to remain in bed one week at these times. This condition has been growing worse since the operation.

The uterus is retroflexed, prolapsed, and adherent, measures three and a half inches; vaginal vault rigid and tense; retro-uterine ligaments are contracted. The sensitiveness of the patient is so great as to make the examination almost more than she can endure. She says the pain in her back and limbs prevent her from standing any length of time. Cannot do her own work; is a burden to herself. She was put upon the galvanic treatment in the usual manner and strength. After the third treatment (November 15, 1886) she reports improvement; less pain, feels stronger.

March 31, 1887. Her visits averaged five monthly, fifteen minutes each, fifteen milliampères. The improvement has been steady, and at this date she "feels better than she ever did in her life." Menses are normal in character. Is able to be about on her feet for a longer time with comfort. Is gaining in weight. Tenderness in the vagina less marked. Uterus more mobile, can be moved about with less pain to the patient. Treatment continues.

CASE X.—*December 14, 1886.* E. J. J., aged twenty-eight, colored. Married seven years; one child six years ago; instrumental delivery, dead child. This patient presented herself with a large subperitoneal fibroid filling the posterior *cul de sac*, and extending to the right. The examination was attended with very great pain, the nodules being

very sensitive. She scarcely tolerated the introduction of the finger. Electrolysis was proposed, but the patient objected, and it was concluded to put her upon the usual galvanic treatment, with the view of reducing the pain, and possibly the size of the tumor.

March 31, 1887. She was given two treatments a week at first, fifteen milliampères, fifteen minutes. After the sixth application the soreness had entirely disappeared. For the past month she has received three treatments weekly. The improvement as to the pain and discomfort continued permanent, but the size of the tumor has undergone no appreciable decrease.

CASE XI.—*December 22, 1886.* M. O., aged twenty-eight. Married six years. One child and one miscarriage. Miscarriage in second month of marriage. Never been well since birth of child three years ago. Is not able to be about her house work. Has "constant pain and weakness in her left side," with feeling of heaviness, which condition is aggravated by standing, walking, or exercise of any kind.

Puberty at eleven. Menses are irregular in time, and the duration of each period is six days, with pain in first two days. Has lost forty pounds since marriage.

Uterus is retroflexed, prolapsed, measures three and a half inches. Os and canal patulous. Some cellulitic deposits are found in the posterior cul-de-sac.

March 31, 1887. She was, at first, treated with the faradic current, with the hope of rectifying the displacement. After seven treatments, averaging twice a week, with relief to the painful menstruation as a result, but no effect upon the flexion, galvanism was substituted, on account of the cellulitic features of the case.

At this date she says she has gained twelve pounds since beginning the treatment. Is better in every respect. Menses are regular and painless. The deposits have diminished in size and sensitiveness. This patient comes a distance of seventy miles three times a week.

I have submitted these cases, thinking they might be of interest to the profession, as I am confident that the treatment will prove beneficial if tried. They have been collected hastily from my case-book, with no attempt at elaboration.

The method of treatment is detailed under the individual cases. In sharp flexions we begin with a flexible electrode insulated to within two inches of the tip, and as soon as the curve of the uterus will allow, this is replaced by a stiff one, similar to a uterine sound, with the same insulation as the flexible one. This we are in the habit of connecting with the negative pole of the faradic machine. Although the choice of poles is *here* a matter of little importance, in galvanism it is. In the case of a retroflexion, the positive electrode is introduced into the bladder. If it be an anteflexion, a flexible twisted wire electrode is placed in the rectum. This electrode is insulated up to the point, which is a movable olive, allowing graded sizes to be used. This form of electrode is also found of service in treating constipation, etc., as it will follow the convolution of the bowels with ease and little pain.

The electrodes should always be placed in position before turning on the current. In the beginning a painless current should be used, slowly increasing to the point of the patient's comfortable endurance. I have found a hydro-rheostat necessary to the proper gradation of the current, since the weakest current I could get from an ordinary one cell machine always caused pain when applied through these organs. And if the patient is subjected to an ordeal of suffering at each treatment, her confidence and presence are both lost. Length of treatment is with us fifteen minutes, double that time three times a week will give better results.

In the use of the galvanic current there are some points of importance.

1. A milliampèremeter should be always used. Patients cannot be treated scientifically without it. With it we can always give them the same quantity at each treatment. This is impossible if we depend on the number of cells as a guide, since the internal and external resistance vary. I have frequently found that it required twice as many cells to give one day the current I had received from half the number the day before, this fact depending upon both battery and patient.

2. The current should never cause pain, nothing is gained by increasing it to that degree. In Case II. I used four milliampères, as a rule, once five, and at another time eighteen to twenty milliampères. In all the others I averaged fifteen milliampères. In three instances I cauterized the vaginal surface when I exceeded that strength. A rheostat will be valuable in enabling the current to be gradually increased at the beginning and diminished at the end of each treatment.

3. Position of the electrodes. As the result of cauterization by the negative pole is that of an alkaline caustic, soft and more readily absorbed, while the positive is that of an acid, more dense and firm, the negative should be placed in the vagina in contact with the part to be acted upon. We thus obtain the sedative and electrolytic effect, at these points, upon the cellulitic products.

4. Electrodes. For external position I use a plate of copper, five by six inches, covered with Canton flannel and backed with pure rubber. Internally, a straight stiff rod, terminating in a movable olive, of which we have different sizes. This is insulated with rubber to the olive, with walnut handles on the other end. Covering the olive with absorbent cotton, or a disk of Canton flannel, and wetting it in warm water, it is ready for use. The placing of these does not require any exposure of the patient.

5. The electrodes should always be placed in position before connecting them with the battery, then the current turned off gradually by means of the rheostat before removing them. Neglect of this will cause pain to the patient as the electrode passes over the perineum. A bifurcated conducting cord should be used, so that when the current is increased it will not be necessary to break the current, and thus we avoid giving any shock to the patient.

The conclusion that I draw from my work is, that in electricity we have a valuable agent. In uterine displacements, ill developed ovaries and uterus with amenorrhœa, and in subinvolution the faradic current may be used with advantage. But it is the galvanic that I have found the more valuable. All who have had anything to do with gynecological work know how stubborn many conditions are, and how slow to respond to remedial measures. Many of these cause the patient constant pain, "misery" as they term it. Chronic ovaritis, pachysalpingitis, chronic peritonitis, cellulitis, and lymphadenitis, also pelvic neuralgia, try the skill and patience of the physician. After all the routine treatment is exhausted the condition remains very much unchanged.

Now in electricity we have an agent that promotes absorption of the adventitious tissue, allays pain and irritation, and sets up reparative action. It is within the reach of all physicians, requires no very extended knowledge to be able to use it with safety and advantage; and, although it requires time in its application, the benefits it confers upon a class of patients, in which other treatment is either useless or harmful, amply repay for any outlay of time and the little expense attending it.

I am indebted to my friend, Dr. William E. Ashton, for his kind assistance in this work.

1437 NORTH TWELFTH STREET.

THE PENNSYLVANIA HOSPITAL OPERATING-TABLE AND WARD DRESSING-CARRIAGE.

BY THOMAS S. K. MORTON, M.D.,

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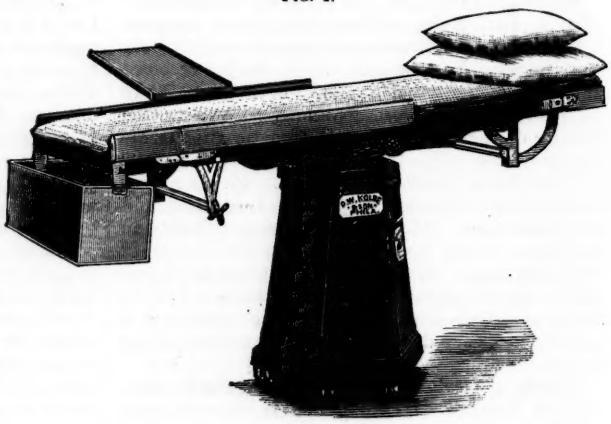
IN the evolution of such a principle as that known as the Listerian, many more or less new means must be devised for the practical, or perhaps luxurious, carrying out of its various modes of application. Two such I wish to describe, namely, an operating bed or table, with suitable draining apparatus; and a ward dressing-carriage modified to an antiseptic end. Both have been in constant and satisfactory use in the Pennsylvania Hospital since my introduction of them there; also, they are now in service elsewhere.

The operating-table is constructed of suitable hard wood, and revolves upon a heavy pedestal, as is usual with such tables, but differs from them in being placed upon the support at a considerable angle (Fig. 1). The measurements are as follows: length, 6½ feet; breadth, 25 inches; head 38 inches, centre 36 inches, and foot 33 inches from the floor. Beginning at the foot, and running 40 inches toward the head is a wooden rail 2 inches high, while at the end of the table is swung a zinc tank of from 5 to 10 gallons capacity. The great secret of the table's proper working is the mattress. This is made of felt one inch thick, such as steam-pipes are wrapped with, and is exceedingly cheap. While presenting a soft, comfortable surface, pressure will not make hollows in it.

FIG. 1.



This mattress is sewn into a rubber bag, and after being placed upon the table, a large rubber sheet covers both it and the table. The ends of this rubber cover are tucked into the pan, where the side rails must direct all fluids falling upon it.

If the part to be operated upon is below the chest, the patient's head occupies the highest portion of the table; but if the operation be above that point, his head is placed at the foot of the table, and upon a small pillow, so that the fluids will run around it, and into the pan. In operations upon the arm or axilla, a special attachment is put on by means of an angled iron and slot in the table to receive it (see Fig. 1). This attachment consists of a board, also upon a decided incline and with side rails, so that when a smaller rubber cover is thrown over it fluids will be conveyed upon the main sheet, alongside the patient's head (which is at the foot of the table), and so into the pan.

I have also had constructed, upon practically the same model, an iron bed for use in the receiving wards of the hospital, which is found of great use.

With these beds the most perfect drainage is secured, and the usual great inconveniences of free irrigation, to both surgeon and patient, are entirely overcome.

The ward dressing-carriage is made upon the general model of the original ward carriage introduced first by my father, many years ago, in the Pennsylvania Hospital. The modifications are two or more superimposed tanks instead of one; a basin and spigot at one end; a dressing preparing-tray, and suitable receptacles for the modern dressing as used in this hospital.

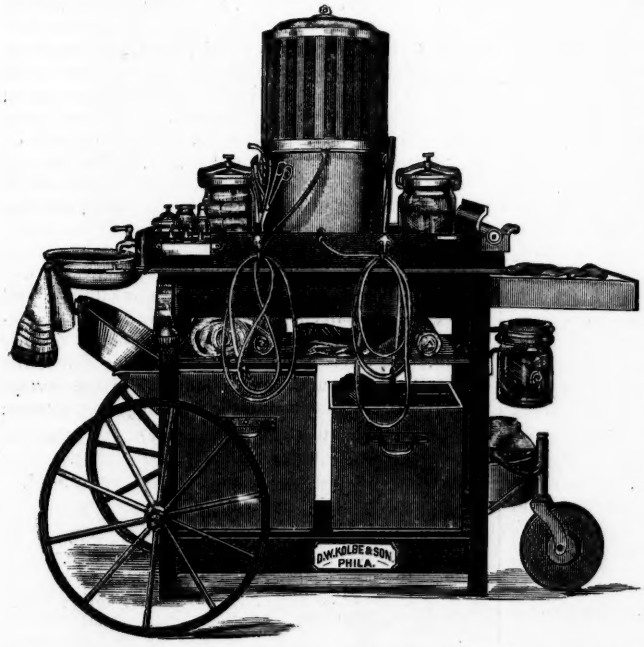
As now used (Fig. 2), the carriage has two tanks —a copper one beneath for either distilled or carbolized water, and an upper stone jar or tank for $HgCl_2$-solution. The upper tank is enclosed with wood, and has a copper lid.

Both tanks have hose attachments for wound washing, while the lower one has also an attachment to a spigot which overhangs a pivoted basin at one end of the carriage for hand washing. This basin is pivoted a little in advance of its centre, in an iron ring, and empties by tipping its contents into the common waste-bucket or tank below.

In front of the carriage a long, zinc-covered tray pulls out, on which dressings are prepared. Upon the carriage are kept, in jars, dressings, cotton, sponges, towels, gauze bandages, protective, and drain tubes; also minor operating instruments in a zinc or glass tray, constantly immersed in a three per cent. carbolized glycerine solution, and are, in addition, boiled in water every night. Bandage and plaster scissors, a palette-knife, common cotton bandages, towels, and lint, a large sugar-duster for iodoform, bottles for iodine, turpentine, alcohol, fluid soap, soap liniment, and a jar of boracic acid ointment, together with basins, rubber cloth, wax paper, soap dish, nail brush, adhesive plaster, and lamp, about complete the dressing-carriage outfit. All portions of the carriage are simple of construction, and are daily taken apart and rigorously cleansed.

The table and carriage are both manufactured by D. W. Kolbe & Son, of this city.

FIG. 2.



All instruments kept in the receiving wards, or upon the ward carriages, of this institution I have had put into carbolized glycerine, and kept as indicated above; and now, thanks to the suggestion of my former colleague, Dr. E. G. Rhoads, even the hypodermatic needles of the entire house are thus kept.

A final word in regard to the irrigation arrangements which I have introduced in our main operating-room may not be out of place. Until arrangements can be made to secure an unlimited supply of distilled water, we are using—when it is clear—simple running water. The irrigators are suspended in a rack close to a hot water faucet, from which they can be rapidly filled; they then receive their quota of antiseptic. These irrigators are common one-gallon percolator jars, to one end of which are attached four feet of rubber tubing and a hard-rubber stopcock, while to the other, or open, end an attachment is secured by which they may be hung conveniently upon an iron bar or tube which runs across the centre of the operating-room, seven and a half feet from the floor, and has hooks a foot apart upon its under surface.

MEDICAL PROGRESS.

MANIPULATION OF THE KIDNEY.—DR. W. H. BENNETT, of London, reports in the *Lancet* of May 21, 1887, his treatment of a case of probably impacted calculus. He says, "Seeing the ease with which the kidney could be felt, partly by reason of the thinness of the patient, I determined, as drugs afforded no relief, to insure complete relaxation of the abdominal parietes by the administration of an anæsthetic, and then manipulate the kidney as freely as possible, without previously exposing it by incision, with a view, if the case were one of calculus, to disturbing the stone, and, if it were not too large, perhaps bringing about its passage down the ureter, or, in the event of the symptoms being 'hysterical,' with the hope of producing a mental effect upon the patient sufficient to relieve her distress. She, however, declined the anæsthetic, and I was compelled to attempt the manipulation without its aid. The patient having been laid on her back upon a couch, the fingers of my left hand were dipped deeply into the abdominal wall over the kidney, the right hand being pressed forward into the loin. By a little management, the muscles being quite flaccid from the patient having become faint, the kidney could be felt quite easily between the two hands, and was kneaded as thoroughly as the circumstances allowed. The patient, although much discontented with the aching and tenderness which the operation seemed to have caused, was well enough to walk away almost directly afterward.

"Two days later she reappeared at the hospital in a more grateful mood, saying that, having suffered much discomfort for the rest of the day after the manipulation, she was seized as she was going to bed with a most acute pain in the affected loin and side of the abdomen. The pain lasted for about half an hour, during which she vomited twice. All at once an uncontrollable de-

sire to micturate occurred, and the pain immediately ceased. No further pain followed, and there can be little doubt that a small calculus had made its way down the ureter into the bladder, although no evidence of its having passed 'per urethram' was forthcoming. Moreover, it is quite possible that the manipulation had moved the stone from its resting-place in the kidney, and thus brought about its expulsion."

He ventures to suggest that manipulation without incision is a proceeding worthy of trial as a treatment which may possibly prove of utility in certain cases of renal calculus, not too far advanced, as a means of changing the position of the stone, and perhaps effecting its expulsion—a possibility, to his mind, sufficiently strong to commend the process to the attention of physicians as an adjunct to the medical treatment of renal calculus.

BERGEON'S TREATMENT OF PHTHISIS.—DR. HERON, of London, reports his experience as follows in the *British Medical Journal* of May 21, 1887: My study of Bergeon's treatment was commenced in October of last year, and was chiefly conducted in my wards in the City of London Hospital for Chest Diseases. The cases I selected were certainly tubercular, as was shown by the physical signs of lung-disease, and the presence in the sputum of each patient of the tubercle bacillus. As regards the kind of case selected, it was of the type in which fever was not high, the urine free from albumen, and expectoration was moderately copious.

In not one single instance in which this treatment was carried out under my supervision was there the slightest evidence of any permanent good result having been achieved. Beyond a diminution of the amount of expectoration, an occasional lessening of the cough, and an unimportant lowering of the temperature, there was no evidence of any benefit having been derived from Bergeon's treatment in these cases of mine. As those results can be secured by means less unpleasant to the patient than Bergeon's method, I have ceased to employ it in the treatment of tubercular disease of the lungs.

THE TREATMENT OF PULMONARY CONSUMPTION BY HYPODERMATIC INJECTIONS OF SUBSTANCES DISSOLVED IN VASELINE.—Our readers will remember that in THE MEDICAL NEWS of February 26, 1887, p. 240, and April 23, 1887, p. 466, we gave a series of formulæ for the hypodermatic use of substances dissolved in vaseline, as proposed by MEUNIER, of Lyons. We add the following formulæ, which Meunier considers especially adapted to the treatment of pulmonary phthisis, and which he publishes in an article in the *Revue Générale de Clinique et de Thérapeutique* for May 19, 1887:

1.—Eucalyptol	1 part.
Liquid pure vaseline	4 parts.

This solution affects the bacilli but little, but lessens fever and secretion, especially in bronchorrhœa; in small doses it is a tonic.

Dosage forty minims twice daily.

2.—Phenol (carbolic acid) pure	1 part.
Eucalyptol	1 "
Liquid pure vaseline	18 parts.

Eucalyptol is employed to aid in dissolving the carbolic acid, which is sparingly soluble in vaseline.

This solution diminishes the number of bacilli, and replaces with advantage the preparations of creasote which disturb the stomach; it lessens fever.

Dosage, one injection daily of eighty minims, or two of forty minims.

3.—Iodine	1 part.
Liquid pure vaseline	100 parts.

Beneficial in scrofula, tuberculosis, asthma, and tertiary syphilis.

Dosage, forty minims night and morning, daily.

4.—Eucalyptol	20 parts.
Iodoform	1 part.
Liquid pure vaseline	80 parts.

In infectious diseases, phthisis pulmonalis, and chronic bronchitis.

Dosage, forty minims twice daily.

These solutions may be used in phthisis in rotation in periods of five days each. The reason of rotation is to avoid the cumulative effect of eucalyptol, which is manifested by depression and loss of appetite of the patient. These solutions influence, to some extent, the life of the bacilli.

COFFEE AND IODOFORM.—DR. NEALE writes as follows of his experience with this combination in the *British Medical Journal* of May 21, 1887: Valuable as coffee, when freshly ground, has proved in disguising the odor of iodoform, it has the following disadvantages: 1. It is only for a limited period that its effects last; and, 2, it is very difficult to grind the coffee so fine as to prevent the grains irritating a sore part; and especially is this felt if the iodoform be used in the form of an ointment. I have found that by macerating the coffee in hot lard or vaseline, all the deodorizing powers are absorbed by and retained in the vehicle employed, and a perfectly smooth, inodorous, and unirritating ointment can be prepared.

THE TREATMENT OF DIARRHŒA IN INFANTS.—CONBY, of Paris, describes the symptomatology and etiology of this affection, stating that, in Paris, the mortality from this disease during the summer is 600 per month. He advises the use of dietetic measures; the subnitrate of bismuth, and laudanum. In the severer cases the writer recommends the following prescriptions:

1.—Aquæ destillat.	ʒ 12½.
Syrup of quince	ʒ 5.
Acid hydrochloric. dil.	♏ 8.—M.

Sig. Teaspoonful every two hours.

2.—Sacch. pulver.	ʒ 2½.
Naphthalin	gr. 15.
Iodoform.	gr. 3.
Ol. bergamot.	gtt. 2.—M.

Ft. in chart. 20 in num.

Sig. One powder every hour, in milk.

3.—Naphthalin.	gr. 8.
Spirit. vini Gallici	ʒ 2½.
Syrup. altheæ	ʒ 12½.—M.

Sig. To be taken during twenty-four hours, in teaspoonful or coffee spoonful doses.—*L'Abeille Médicale*, May 16, 1887.

THE MEDICAL NEWS.

A WEEKLY JOURNAL

OF MEDICAL SCIENCE.

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SATURDAY, JUNE 25, 1887.

INTRALARYNGEAL PAPILLOMA AND EPITHELIOMA.

DISCRIMINATION between intralaryngeal epithelioma and sessile papilloma is not difficult in the majority of instances; the clinical history of the case, the age of the patient, the location and physical appearances of the neoplasm being sufficiently characteristic to establish the diagnosis. During a limited period in the growth and progress of some instances of epithelioma in the larynx, however, considerable difficulty may be experienced in its differentiation from sessile papilloma; the uncertainty being resolvable neither by laryngoscopic inspection of the undisturbed neoplasm, nor by microscopic inspection of exsected fragments.

Papilloma is often presumptively an outgrowth from fibrous hyperplasia in repair of erosions or deeper losses of substance in chronic inflammatory processes in the mucous membrane, or in long-continued inflammation without losses of substance. It remains an outgrowth, and does not infiltrate the submucous connective tissue. It increases at its periphery by the division of the papillæ, and at the base by general enlargement only, so that the circumference at the base is smaller than in some parts of the free portion, sometimes smaller than in any other portion of the growth. In many instances several growths are developed singly, in close proximity, and, contracting adhesions, subsequently augment in bulk as a single mass. These are the growths that resemble some examples of epithelioma at a certain stage of its progress. Hence, with a clinical history of hoarseness and dyspnœa following a laryngitis, a mass of sessile warty excrescence in the larynx, bulkier in some portion of its body than at its base, with or without congestion or inflammatory tumefaction of the surrounding mucous membrane, may well be regarded as papilloma in the absence of histological evidence to the contrary.

Epithelioma is not, as a rule, directly referable to general laryngitis as a cause of attendant hoarseness and dyspnœa. It does not undergo demarcation at its base. It does not remain an outgrowth of the mucous membrane, even though it originate therein, but it infiltrates the submucous connective tissue, so that any surrounding congested or inflamed mucous membrane presents a deformed semiglobose, ovoidal, or bossellated outline in marked contrast to the more diffuse inflammatory tumefaction adjoining the benign growth. In the earlier stages of epithelioma this deformity of structure precedes the distinctive appearance of a tumor; but, as a rule, laryngoscopic inspection is not made until after this period has passed, and so an important discriminating feature escapes recognition. Epithelioma of the larynx, too, and especially when it occupies a vocal band, sometimes becomes overlaid with papillomatous outgrowths; perhaps due here, likewise, to inflammation of the mucous membrane from functional irritation in talking and in coughing. In this stage of its progress it is indeed difficult to differentiate from pure papilloma, especially when seen laryngoscopically for the first time in an apparently healthy subject. It is in this stage, too, that absolute reliance cannot be placed upon the negative results of microscopic examination of fragments removed for the purpose; for the papillomatous outgrowths alone may be detachable by access of instruments through the mouth; a circumstance under which absence of evidence of histologic malignity is no criterion as to the real nature of the main portion of the neoplasm. Furthermore, in a most instructive instance in Semon's practice, recently announced in the *Brit. Med. Journ.* of June 4, 1887, p. 1240, a warty growth removed from a vocal band showed typical epithelioma in close juxtaposition to inflammatory tissue in one and the same section, as prepared for microscopy. Thus an apparently benign growth may have an actual malign integrant that would escape detection, not only under ordinary inspection, but even under ordinary microscopic interrogation. This fact raises the question whether the benign growths hitherto supposed to have undergone transformation into malign ones without extraneous influence, may not have been histologically malignant from the start. It likewise tends to confirm the opinion of most laryngologists, that an underlying tendency to malignancy exists, if not absolute malignancy, even in those occasional instances in which, after subjection to repeated or long-continued irritation, epithelioma has been eventually demonstrated in growths to all appearance originally benign. Such irritation has been attributed in some

instances to functional disturbance in coughing and in talking; and in others to operative interference, whether in repeated cauterizations with a view to destruction, or in instrumental procedures for purposes of evulsion. The more skilled the laryngoscopic operator, the less likely is subjection of a neoplasm, or its surrounding tissue, to useless or pernicious irritation; and the better his judgment, the more likely will be early cessation of the inefficacious irritative procedure and resort to a more radical one.

The treatment of these doubtful cases will cast the utmost responsibility upon the medical attendant; a responsibility in which his judgment is at stake equally with his skill. Time is valuable; extremely so in malignant cases; and, for the time being, hardly less so in cases clinically malign by their location, although benign histologically. To subject a doubtful case to extreme measures may unnecessarily deprive the patient of an important organ, or even imperil his life. To delay such measures too long may sacrifice his only chance for recovery.

We would say that due intralaryngeal interference under the most promising conditions having proved inadequate to the eradication of a suspicious morbid growth, whether from position, from bulk, or from recurrence, the proper plan would be to divide the anterior wall of the larynx so that, if at all practicable, the morbid mass may be thoroughly eradicated by direct access; the decision having been previously made, whether, in case the proposed eradication should be found impracticable, radical laryngectomic procedures, partial, complete, or complex, should immediately follow, or whether subsequent treatment should remain confined to measures merely palliative and symptomatic. In coming to this decision due prominence must be given to the risk of death from laryngectomy or its immediate consequences; and to the likelihood of recurrence after a successful operation; for the instances of epithelioma of the larynx in which life has been prolonged by laryngectomy beyond its probable continuance under the undisturbed progress of the disease, are still far less numerous than those in which the remnant of life has been shortened.

Intralaryngeal epithelioma remains confined to the inner portion of the tube for a long while before extending beyond its borders or through its walls; and consequently, if the general health of the patient does not suffer in the interval, a serious operation like that of excision of the larynx, unilateral or bilateral as may be, may well await positive demonstration that the deeper seated portions of a doubtful growth are more malignant in character than any inflammatory growths or outgrowths which may have been removed. Even then, too, it may be possible to cut away merely the respiratory walls infiltrated with the neoplasm and thus save the wings of the thyroid cartilage with their important attachments of the muscles of deglutition; an operation involving far less immediate risk to life than excision of the whole of the laryngeal skeleton; and which, theoretically at least, should be equally efficacious in ridding a patient of disease limited to the interior of his larynx.

In cases of undoubted papilloma so extensive or so located as to preclude eradication through the mouth, or exhibiting uncontrollable recurrence, it is far better to divide the larynx externally and to operate efficiently in the direct manner, than to continue to tear away little fragments at a time, indefinitely to little purpose.

THE TREATMENT OF TUBERCULOSIS OF THE JOINTS BY ACID CALCIUM PHOSPHATE.

AT a recent meeting of the Society of Physicians of Vienna, KOLISCHER, of Vienna, exhibited four cases of tubercular joints, three of which had recovered, while the fourth was in process of recovery, under a method of treatment which he had recently introduced, which aimed at the destruction of tubercle bacilli and the induction of calcification in tuberculous matter, in imitation of the process often observed in healed lung cavities. It is supposed to act by producing a mild grade of inflammation and cicatrization which destroys tuberculous matter. The method consisted in the injection into the diseased joints of a solution of acid calcium phosphate, whose strength and dosage are not reported.

In one class of cases a prompt inflammatory reaction followed the injection, lasting from four to seven days, and was succeeded by a period of calcification which continued from two to four weeks, ending in absorption; the final result was a restoration of the contour of the joint. In the other class of cases—those in which cheesy degeneration was rapidly progressing—injections into the joints were followed in about a week by the breaking down of tubercle and the rupture and discharge of the abscess; and healing by granulation resulted promptly. Cicatrization of tuberculous ulcers and separation of necrosed bone were readily caused by the solution. Tuberculous fistulæ and cavities were tamponed by gauze saturated with the solution.

The cures exhibited were two cases of acute tuberculosis of the elbow-joint in children; the results were normal contour, good motion, absence of all general symptoms. Also a case of knee-joint tuberculosis, under treatment six weeks, whose gait and symptoms were greatly improved. The fourth case was a man, whose carpal joint had been acutely tuberculous; result normal contour, the joint capsule filled with calcified material; slight movements of the fingers possible.

ALBERT, MAYDL, and others of the surgical staff of the Vienna Krankenhaus, fully endorsed the favorable statements of Kolischer.

While these cases are too few to base a final judgment upon, they are highly suggestive. The results of this method, so far as contour and mobility are concerned, are greatly superior to ankylosis, or excision. The danger to life is apparently less than even under antiseptic resections; the time consumed by the treatment is no longer than by excision. It remains to be proved, however, whether the nidus of the tubercular infection is as thoroughly destroyed by this method as by excision, and the use of iodoform.

DEATH IN THE TEA-BUN.

LAST JANUARY THE MEDICAL NEWS called attention to the fact that bakers were using a preparation known to the trade as "egg-yolk," which contains chromate of lead, to impart to their cakes the rich yellow color which is given by egg—and the risk of lead poisoning thereby was pointed out. In our issue of last Saturday, we presented a report by DR. DAVID D. STEWART of eight cases of illness in one family which came under his observation, and which he had by patient and intelligent investigation clearly traced to poisoning from eating tea-buns containing chromate of lead. Of these cases four died. He also ascertained that the baker who made these buns had had within two years nine cases of similar illness in his own household, of which seven had been fatal.

Our report of these eleven fatal cases has attracted the attention of the District Attorney, who has brought the matter to the official notice of the Coroner for investigation, and the Board of Health has also referred the subject to its Sanitary Committee, so that we may hope that the publication of these cases will lead to effective measures for the immediate suppression of this insidious source of poisonous adulteration, which is probably more widely practised than is generally supposed.

THE Board of Overseers of Harvard University have just confirmed the following appointments in the Medical Faculty: Dr. C. B. Porter, Professor of Clinical Surgery, and Dr. J. Collins Warren, Associate Professor of Surgery.

THE American Orthopædic Association was organized and the first meeting held at New York last week, under the temporary chairmanship of Dr. Virgil P. Gibney, of New York. A number of excellent papers were read, and the following officers were elected for the ensuing year: *President*, Newton M. Shaffer, M.D., of New York; *Vice-Presidents*, Drs. A. Sydney Roberts, of Philadelphia, and E. H. Bradford, of Boston; *Secretary and Treasurer*, Dr. L. Hall Sayre, of New York.

THE Alumni Association of the College of Physicians and Surgeons of New York offer a prize of five hundred dollars, open for competition to the Alumni of the school, for the best essay upon any medical subject which may be submitted to the committee.

THE medical profession of Philadelphia gave a reception at the Hotel Bellevue last Tuesday evening to Dr. R. J. Levis, on the occasion of his retirement from active professional work.

DR. T. G. RICHARDSON, of New Orleans, sailed for Europe last Saturday, having been hastily summoned to Naples by the severe illness of a near relative.

THE Pennsylvania State Medical Society meets at Bedford on Wednesday, June 29th.

SOCIETY PROCEEDINGS.

AMERICAN SURGICAL ASSOCIATION.

Annual Meeting, Washington, D. C., May 11, 12, and 13, 1887.

(Specially reported for THE MEDICAL NEWS.)

(Concluded from page 639.)

FRIDAY, MAY 12TH—THIRD DAY,

AFTERNOON SESSION.

DR. THOMAS J. DUNOTT offered

SOME REMARKS ON HYPERTROPHY OF THE TONGUE (LINGUA VITULI, LINGUA PROPENDULA, MACROGLOSSIA).

He stated that this affection, although rare, is mentioned by almost all surgeons of large experience. The case reported was the only one which had come under his observation.

Hypertrophy of the tongue, according to S. D. Gross, may be limited to its muscular substance, to its papillæ, or to its mucous investment, or there may be a simultaneous affection of all these structures, constituting general hypertrophy of the organ. This hypertrophy must not be confounded with tumors or fibro-cellular growths, nor with cysts which are met in the tongue. This form of hypertrophy is nothing but an overdevelopment of normal tissue, which is, of necessity, associated with prolapse, when it is in any degree; and, therefore, the name "propendula linguæ" is not inappropriate.

Most authors who have met with it consider it congenital; but he is inclined to think that, except where it is associated with other congenital imperfections, as especially with idiocy, it is rather the result of inflammatory conditions affecting the various tissues of the tongue.

The case he reported was a girl twelve years old, admitted to the Harrisburg Hospital on January 6, 1886,

with an enormously large tongue. The organ protruded between the lips for three inches. It was kept enclosed in a muslin bag. Its surface was covered with patches of exfoliated mucous membrane, from underneath which there constantly dribbled a seropurulent discharge. The mucous membrane was cracked and fissured. The circumference of the tongue was 9¾ inches, and its greatest width 4¾ inches. The organ was firm to the touch, almost cartilaginous in consistence. The patient could partake only of liquids. The prolapse of the tongue was of only two months' duration, and it was stated that it began without any apparent cause, there having never been previously noticed any enlargement of the member. On January 15th, measurement demonstrated that a very decided increase in size had occurred, and the patient had to be nourished to a great degree by rectal alimentation. An operation having been determined upon, the patient was anæsthetized with chloroform, to which she responded readily. A needle was then passed under the ranine artery on either side, about 1½ inches from the lips. The thread was withdrawn and tied in a loop which was permitted to hang out of the angles of the mouth, the intention being to command the arteries and the stump after section. He then fully described the further steps of the operation, consisting in the drawing forward of the tongue, and its removal by the scissors and scalpel, the knife being so directed as to secure a conical stump. The operation was successful, and the patient made a good recovery. The stump protruded as far as the frenum. Articulation was tolerable.

The great danger in this operation, according to most authors, is from hemorrhage. This could be easily controlled by a rubber coil passed about the base of the tongue, with the ligature around the ranine arteries. The patient in the operation should be placed in the recumbent posture, in order to prevent the flow of blood into the trachea.

Four methods of ablation of the tongue are practised: 1, the oral of Paget; 2, the symphyseal of Syme and Sedilott; 3, the submental introduced by Regnoli, in 1838, and its subsequent modification by Nunnely, of Leeds, in 1861. These operations are, for the most part, intended for the removal of malignant disease of the tongue.

In the case reported, microscopic examination showed that the enlargement was made up for the most part of dilated lymph vessels, with increase of the connective tissue, and some striated muscular fibres.

DR. L. MCLANE TIFFANY submitted photographic illustrations of cases of the same character as that reported by Dr. Dunott. The case was that of a negro five years old, the affection being congenital. The same deformity of the lower jaw was present as is usually found in these malformations, the incisor teeth projecting forward, instead of resting perpendicularly upon the bone. The operation was done simply by putting the child to sleep, drawing the tongue forward and cutting it off with Paquelin's cautery. The incision was made vertically to the long diameter of the tongue. No attempt was made to form flaps. The tissue as cut through was found to present the appearance of being composed very largely of the tissues of an unaffected normal tongue, the lymph spaces being probably filled. There was no hemorrhage at all until the ranine artery was reached. One of these, after a single spurt, did not bleed at all; the other was closed by pinch forceps, and afterward by ligature. The patient within a week was eating solid food, and left the hospital on the twelfth day after the operation.

DR. J. FORD THOMPSON reported two cases of

VAGINAL HYSTERECTOMY.

He had determined to report these two cases, he said, in the hope that the discussion they elicit will settle the vexed question whether the operation is to be encouraged or condemned.

Case 1.—A. E., white, æt. forty-five, married seven years, had given birth to one child three years previous to the record of the case, the labor being very difficult. Malignant disease of the cervix was diagnosticated by her attendant. Examination revealed great destruction of the cervix, the loss extending beyond the internal os. She had been losing a great deal of blood at each menstrual period, which was prolonged, but not attended with much pain. She had a cachectic appearance. The uterus was movable, and there did not appear to be any infiltration. She was admitted to the Garfield Hospital April 15, 1885. On the 23d, after consultation, it was decided to avoid hysterectomy, if possible, and to limit the operation to that for amputation of the cervix.

April 24th, the patient having been prepared for operation, was anæsthetized, and placed in the lithotomy position. The cervix was seized and brought forward as far as practicable. The spoon was used to scrape away the softened tissue, and the scissors to sever the vaginal attachments. After cutting away the cervix with the scissors, it was attempted to use the spoon, but it was discovered that Douglas's cul-de-sac had been opened, and it was thought advisable to extirpate the entire organ. The uterus was then, without much difficulty, freed from the bladder, a silk ligature was placed about the organ, and the uterus was split into halves. Each part was then brought down, a ligature applied above it, and the stump cut away. There was no loss of blood from the ligaments, but a constant oozing from the parts severed in the first steps of the operation; this, however, was stopped with hot water. A knuckle of the intestine protruded, but was readily returned. Sutures of the peritoneum were not used. The patient at the close of the operation was very weak, and complained of pain.

April 25th, 11 A.M., pulse 140, and feeble; temperature 103°. The vaginal tampon was removed, and the vagina irrigated. She died twenty-four hours after the operation.

Case 2.—Mrs. M. H., white, æt. fifty-five, admitted to the Garfield Hospital February 26, 1887, married at nineteen, had three children. The menopause passed at fifty-one. Hemorrhage had been noticed for some time. First saw her in consultation shortly before admission to the hospital. Her general condition was good, but she was very much reduced in flesh and cachectic in appearance. Advanced laceration of the cervix was recognized upon examination, especially of the posterior lip. The malignant disease had extended backward, and had encroached upon the posterior cul-de-sac. The uterus was next drawn down, when the disease was found to extend along the cervical canal to the internal os, and probably beyond, but no evidence was present of its having extended beyond the uterine

walls. Bleeding during the examination was free. A month later he again saw her, in consultation, and it was decided that she should go to the Garfield Hospital.

February 28th, at 11 A.M., she was etherized. Antiseptic precautions were employed; she was placed in the lithotomy position, and no speculum was used. The vaginal wall was separated from the uterus all around; the attachments to the bladder in front were divided, the uterus drawn down through the opening, and dissected from its other attachments. She made a fair recovery.

He then compared the operation thus made with laparo-hysterectomy, which, he said, has been almost entirely abandoned because of its great mortality. The first operation of hysterectomy was performed by Langenbeck in 1813. It was occasionally resorted to by operators afterward; in 1830 a number of successes were recorded, but fatal cases again occurred, and it was abandoned. From the history, however, he did not think its fatality was sufficient to deter the surgeon from resorting to it. Certain accidents are, of course, liable to occur, as injury to the bladder, peritonitis, etc. There are at least six methods which are used at the present time, the relative advantages and disadvantages of which he briefly discussed. With reference to the use of peritoneal sutures, he was, on general principles, in favor of them, and was aware of no reasonable objection to their use. He would certainly favor the partial closing of the vaginal vault by bringing the edges together.

Are the dangers of the operation so great as to cause us to reject it, or to cause us to hesitate to perform it in carcinomatous disease? Although its history dates far back, it is still a modern operation, and it is too soon to decide its merits or demerits as a therapeutical method. The statistics of the immediate results are becoming more and more favorable, and, in the hands of skilled operators, it will soon lose its terrors, and be considered as rather easy of execution. Until recently, the mortality of the operation was about thirty per cent., but lately some authors have reduced it to a little more than twenty per cent. There is no doubt a disease of the cervix called cancroid, or papilloma of the cervix, which may be cured by a partial operation, and this may lead to error in some instance. There is no reason that we should except from total extirpation the uterus, when we are insisting upon its adoption in all other organs where it is possible for malignant disease.

DR. T. R. VARICK thought the time had not yet arrived to make positive statements with reference to the operation, and cautioned against placing too implicit reliance upon the statistics which have been published.

DR. T. F. PREWITT thought the conclusions of Dr. Thompson in the main correct. He very readily agreed with him that extirpation is the better operation for malignant disease; but went further, and said that upon the earliest appearance of epithelioma of the cervix there should be total extirpation of the organ, for he thought this would be the better cure, the safer course. We all know how prone these carcinomatous diseases are to return, and that all operations that have been made heretofore by the supra-vaginal operation, the curette, the cautery, etc., have failed. It has been claimed by some that they have operated fifteen years ago, and that there has been no return, but he suspected that the cases were not carcinomatous. We know that we derive great encouragement by doing a thorough operation for the disease in other localities. Epithelioma of the lip frequently shows no disposition to return; but, if it goes on for years, there is a period after which it will return in spite of any cutting we can do. He had a case some months ago that is a good illustration of the advantages of a thorough operation. A woman of fifty had evidences of malignant disease for some time, offensive and bloody discharge, etc., while she was becoming emaciated and her health impaired. An epitheliomatous growth was found which extended laterally. The uterus was movable, and the surrounding tissues were apparently not involved. The only course that apparently would give her any possible chance for prolonged life was hysterectomy. This was done and the patient recovered. He also narrated a case in which, in attempting to make this operation, he caused a rupture of the bladder, the tissues being so friable that any attempt at traction on them resulted in a tearing, and the operation had to be abandoned, and the opening in the bladder closed. The patient did well afterward, living for several months at least.

DR. E. H. GREGORY had always been taught that the grandeur of surgery was to save every part possible, and he would no more think of removing the entire uterus for an epithelioma of the cervix than he would think of removing the entire lip for an epithelioma of that region. We know that epithelioma and carcinoma are entirely different in their behavior; we know that epithelioma is, of all malignant growths, the least malignant. He would not think of removing the entire lower jaw for a malignant growth of one side of the jaw. He did not believe that the fact that a part of an organ is diseased is a warrant for the extirpation of the whole. He could narrate as many successes after the removal of part of an organ where the patients had lived for years afterward, and are alive to-day, as could be related after total extirpation. He called attention to the fact that in the case of Dr. Prewitt, where the operation could not be completed, the patient may be living yet, and still the disease was left there which it was proposed to remove; and the fact that the patient from whom Dr. Prewitt removed the entire organ is still alive is counterbalanced by the fact that the patient from whom he failed to remove the disease is also alive.

DR. A. R. KINLOCH said that the only way to decide with regard to an operation is from the statistics of successes. If the last speaker can prove that he can cut far and wide of an epithelioma of the cervix, without extirpating the uterus, then he was with him. If he can prove that in cases where he extirpated the uterus he did not save the life of the patient or prolong it, then he is right in sticking to his old rules, as he calls them, and not try new ones; but if the modern surgeon can show that life has been prolonged by it, then he would ask him not to condemn the teachings of what he calls modern surgery.

DR. GREGORY stated that when he assumed what he had in regard to the uterus, he did so in all sincerity, for he was absolutely certain as to his conclusions. We cannot assume with as much certainty that the infiltration of the uterus is limited, as we can of any other organ of the body. Again, we know that in attempting

to remove thoroughly all traces of cancer of the mamma, we remove not only the entire breast, but go up into the axilla and dissect it out. Now, if we were to apply to the uterus the rules that we apply elsewhere, we would remove the entire contents of the pelvic cavity. The man who would cut "far and wide" of this organ would have no limit but that of the wall of the pelvis.

DR. C. B. NANCREDE thought the question of the anatomy of the uterus and of the lymphatics and bloodvessels of the vagina could not be entered into here, but that it had an immense bearing upon the question which had been raised. We do not cut into the axilla unless it is involved. Quite a number of patients can be shown in Philadelphia in whom malignant disease extended to the axilla, and where the patients have lived from ten to fifteen years after its removal. He held firmly to the belief that carcinoma is curable if operation is performed early enough and freely enough. There is a pathological law which applies to this, namely, that if the whole of an organ that is afflicted with carcinoma is not removed, there is no evidence that the disease will not return, but there is the almost certainty that it will return. If the lymphatics are not involved, there is the almost certainty that the disease will not return after removal.

DR. T. G. RICHARDSON then read a paper on

THE TREATMENT OF ANEURISMS,

based upon two cases which had come under his observation, one an aneurism of the left subclavian, the other affecting the femoral artery.

In regard to the aneurism of the left subclavian he expressed regret at his not being able to alter the uniformly fatal termination of the disease. His patient, an Irishman, forty-five years of age, had for two years suffered from pain in the left shoulder, and loss of power in his left arm. A few months before he came under his care, he had discovered a pulsating tumor protruding above the collar-bone. The tumor was about the size of a hen's egg, but flattened posteriorly and crowded down behind the clavicle. The patient's sufferings had been such that he had been kept under the influence of chloral and opium. When he first came under observation, medical treatment was tried; the patient was confined to bed, on a spare diet, and the heart's action reduced by veratrum viride, together with doses of the iodide of potassium. No diminution in the size of the tumor having taken place at the end of a week, direct compression was attempted by a compress and an ordinary rubber band; but this became almost intolerable, and was substituted by a rubber band passing around the chest, with a belt over the shoulder. The apparatus was all that could be desired, and the patient carried out his part of the treatment fully, but at the end of a month all that could be said was that it had slightly retarded the progress of the growth. Nineteen pins, measuring one and a quarter inches in length, were passed through the anterior wall of the tumor, care being taken not to injure the adjacent nerves and bloodvessels. Several pins disappeared from view into the skin, in consequence of the swelling that ensued. The tumor appeared to be getting harder, but it became apparent that it was due to to inflammation of the skin and subcutaneous tissues, while the tumor was growing rapidly. He decided upon the ligation of the axillary artery, and the injection of the perchloride of iron. The ligation was carefully done, and a solution of the perchloride of iron (1 : 20, in water) was injected into the centre of the tumor. No coagulation occurred, and a solution of double the strength was used. Secondary hemorrhage occurred, and death quickly followed. Upon necropsy, the tumor was found to be about the size of a fist, and involving about three-fourths of the axillary artery, having caused almost complete occlusion of the left subclavian vein. A fairly thick layer of fibrin lined the interior, corresponding to where the pins had been. The walls of the rest of the tumor were very thin. The walls of the artery on the proximal side were very soft. Another aneurism of the right subclavian, involving the innominate, was also found.

The second patient was a shoemaker, fifty-five years of age, who was admitted into the hospital for a painful swelling of the left thigh. The tumor, an aneurism of the femoral artery, was about the size of a goose's egg, irregularly flattened. None of the characteristic signs of aneurism were wanting. It was supposed to possess thin walls. The man looked anæmic and delicate. He had had syphilis about nine years before. The cause of the disease was supposed to be the irritation caused by hammering leather on an iron placed on his thigh. The tumor appeared to be inflamed by the manipulation. To overcome this, Dr. Richardson suspended the limb flexed at right angles at the hip and knee. He found on the first day an improvement in the condition of the tumor, and a few days later, that coagulation had occurred. A week later he was discharged, cured, and a few months after only a small nodule could be felt at the site of the tumor.

As this is probably the first case of femoral aneurism cured by this method, he desired to call attention to the fact that no pressure was exerted on the tumor, but that the only treatment was flexion, and suspension of the limb, especially the latter. He thought that gravity had a great deal to do with effecting the cure.

DR. DAVID PRINCE read a paper on

WOUNDS: THEIR ASEPTIC AND ANTISEPTIC MANAGEMENT.

The aseptic treatment, he said, consisted in (1) diminishing the amount of floating material in the air by means of filtration through cotton, for wounds in the process of formation. (2) By the subsequent seclusion of the same floating material by investments that are proof against penetration by the dust floating in the atmosphere. The antiseptic consisted in the employment of agents which are unfriendly or destructive to minute organisms, in such dilution as not to be injurious to the wound itself. Under this head are the dry, the wet antiseptic dressing, and drainage. He then demonstrated his favorite plan for filtering the atmosphere.

DR. JAMES MCCANN, of Pittsburg, then reported a successful case of

SPLENECTOMY,

which will appear in full in an early number of THE MEDICAL NEWS.

Votes of thanks were extended to the President for his efficient manner of conducting the meetings of the Association; to the Surgeon-General, for the use of the

Library of the Museum Building as a place of meeting; and to the Cosmos Club, of Washington, for their proffered hospitalities.

The Association then adjourned, subject to the call of the President.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

Ninth Annual Congress, held in New York, May 26, 27, and 28, 1887.

(Concluded from page 635.)

SATURDAY, MAY 28TH—MORNING SESSION.

DR. S. W. LANGMAID read a paper on the

CONSTITUTIONAL CAUSES OF THROAT AFFECTIONS.

He suggested that the most interesting lesson to be drawn from the observation of the lesions in the throat trouble, is that there is some underlying cause which may be external or intrinsic. Our attention has been directed too much to the local condition, and to atmospheric influences. Why atmospheric conditions are active at one time and not at another, is a matter worthy of consideration. One of the most intractable diseases which we have to treat is chronic recurring coryza. Sometimes destruction of the mucous membrane of the nose is sufficient, but, as a rule, the treatment must take in all the circumstances of the life of the sufferer. A sense of a lump in the throat, so often complained of, is often an indication of an overloaded colon, and more good is done by a dose of castor oil than by local treatment.

The so-called clergyman's sore throat, or follicular laryngitis, has its origin, not in the necessary use of the throat, but in the sedentary life which, with errors in diet and other conditions, plays an important part. Throat trouble is sometimes a rheumatic or gouty manifestation, and treatment has to be directed to this condition. Local treatment in many throat troubles is of the nature of repair; constitutional and hygienic treatment must be in the direction of a renewal of the normal processes. Swelling and congestion of the mucous membrane, hypertrophy of the tonsil, elongation of the uvula, etc., must be regarded as symptoms, and the symptoms will not be banished unless the underlying constitutional abnormality is removed.

DR. GLASGOW agreed with the author that many of these local conditions are symptomatic. Many of them are due to some derangement of the digestive apparatus.

DR. SOLIS COHEN said, with reference to rheumatic sore throat, that he had doubts as to the correctness of this term. He had found symptoms closely like those of this affection follow the application of the galvano-cautery to the pharynx and tonsils. Patients often suffer pain in the trapezius muscle from an application of the cautery to the tonsil. He had found the use of guaiac as serviceable here as where the trouble was due to exposure to cold. Whether this is nervous or not, he could not say. He treats his patients constitutionally, using purgatives two or three times a week. There is one form of pharyngitis in adolescents which he had considered to be due to over-feeding.

DR. DELAVAN thought that in this country we pay too little attention to the hygienic surroundings which are employed at the various spas abroad. This method of treatment is very beneficial in cases of interference with the portal circulation and in the gouty diathesis. He had found the salicylates of great service in some of these cases of throat trouble. Habital constipation usually accompanies chronic disease of the pharynx. He had used in these cases the officinal pill of iron and aloes, directing that one be taken at night.

DR. MORRIS J. ASCH then reported

A CASE OF STENOSIS OF THE LARYNX TREATED BY DIVULSION AND SYSTEMATIC DILATATION.

Miss K. up to the age of twenty-seven years enjoyed good health. She then had some pulmonary trouble, the exact nature of which could not be ascertained. In 1884 she had some wheezing in breathing with slight cough. These symptoms increased in intensity gradually, and in May, 1885, the patient came under the observation of the author. There was at this time great dyspnœa which was increased by lying down. Examination of the throat showed no abnormality in the larynx or above the cords. Below the cords there were two white swellings united by a membrane posteriorly.

The opening of the larynx was diminished to one-third of the normal size. The membrane was cut and divulsion performed. This caused great improvement. Later, metallic sounds were used daily and the forceps once a week. She grew much better and ceased attending. In September she again returned, with the difficulty of the breathing as great as before. This was the result of acute inflammation of the larynx. Under the use of steam and cold compresses the swelling subsided. O'Dwyer's tubes were tried, but they at once produced spasm and were coughed out. Schröder's hard-rubber tubes were then used and within three months the cure was perfect. All the symptoms have now disappeared. There was no history of syphilis and no history of previous inflammation. The trouble was evidently the result of subcardial hypertrophic laryngitis.

DR. SOLIS COHEN said that his experience in stenosis of the larynx had been limited. In one case, reported twenty years ago, he removed a morbid growth by thyrotomy after it had been destroyed by the internal use of the galvano-cautery, which was probably the first use of the galvano-cautery for this purpose in the United States. Preliminary tracheotomy had been performed ten days previously. The operation was followed by adhesion of the vocal cord to the tissue of the opposite side. He then devised an instrument to cut this adhesion. He thought better to perform tracheotomy so as to have nothing to interfere with the breathing and then pursue the most active measures for the relief of the stenosis. When the operation is performed with antiseptic precautions, the tracheotomy wound heals up in a very short time. He thought that the danger from the operation is less than the risk of injury from the other methods of treatment.

DR. E. C. MORGAN had recently under treatment a case of laryngeal stenosis. During a period of eight or ten months he was enabled to control this by the administration of iodide of potassium and by the local applications of iodo-glycerine to the larynx. Finally, the disease advanced so far that on several occasions

he advised tracheotomy to be followed by dilatation. The patient postponed the operation a number of times, although warned of his danger. He had at times suffocative spells at night and finally succumbed to one of these spasmodic attacks. The speaker thought that if tracheotomy had been allowed and dilatation performed the man would have been alive to-day.

DR. DELAVAN thought that the various forms of dilators used in these cases are likely to be replaced by O'Dwyer's tubes. This method has a most promising future before it. The tube can be left in for a length of time and respiration not interfered with.

DR. LANGMAID reported a case of

FOREIGN BODY IN THE LARYNX.

The patient came under observation three months after swallowing a pin about two inches in length. The pin had lodged in the throat, and immediately after the accident an unsuccessful effort had been made to remove it with the bristle probang. At the time that she came under his notice, there were ulcerations of the larynx which were relieved by treatment. Two years later the patient again presented herself, and an examination showed the pin, which had emerged from the ventricular band with the head down. It was with some difficulty removed.

DR. SOLIS COHEN stated that in several instances he had seen on examining the pharynx, what appeared to be the belly of a muscle above the mouth of the Eustachian tube, and that from this there extended to the fornix of the pharynx what looked like a tendon. This he had seen on both sides. He asked whether or not any of the other members had observed the same appearance.

DR. RUFUS P. LINCOLN, of New York, reported a case of

RECURRENT NASO-PHARYNGEAL TUMOR CURED BY ELECTROLYSIS.

The patient presented himself in April, 1886. A growth had been removed from the posterior nares by another physician one year previously. It returned, and the operation was repeated six months later. When the patient came under observation he was unable to breathe through the left nostril. On examination, a large growth was found occupying the left half of the posterior nares, and it was decided to treat this by electrolysis. On June 3d, two needles connected with the negative pole of the battery were introduced through the anterior nares into the growth, while the positive pole terminated in two large sponge electrodes, which were applied to the front and back of the chest. In all, sixteen applications were made at intervals of three or four days. This caused an entire disappearance of the growth. The immediate effect of the electrolysis was to cause distention and a change in the color of the growth, but these passed off in the course of twenty-four hours. There is, up to the present time, no evidence of the return of the growth.

DR. HOOPER said that in October, 1881, a youth presented himself with a tumor extending from the tip of the right nostril into the naso-pharyngeal cavity. There had been a great deal of hemorrhage and the patient was in a bad condition. He was sent into the hospital and operated on by Dr. J. C. Warren, with the galvano-cautery snare, and the whole mass removed in one piece. From that time to this the patient has been constantly under treatment. The tumor had been growing and from time to time he had snared it off. The tumor has been pronounced to be a most malignant form of myxo-sarcoma, but the general health is excellent. He proposed next to try the effect of electrolysis.

DR. DELAVAN said that during the past fifteen years he had seen a number of these patients operated upon, and recalled many cases in which the result was disastrous. Although there had been successful cases, none had come under his observation. The great point is in the early diagnosis. If taken in time, even if it cannot be cured, it can, as a rule, be kept in check. After the age of twenty-five years, it has been stated that these tumors have a tendency to stop growing, so that if kept in check until this age, they may entirely disappear. It seemed to him that the galvano-cautery exercises a modifying influence on the tissues which remain, which cannot be caused by the knife.

DR. W. C. JARVIS, of New York, reported

TWO UNIQUE CASES OF CONGENITAL OCCLUSION OF THE ANTERIOR NARES.

Complete congenital occlusion of the anterior nares is rare, and the author had been unable to discover any cases in searching the literature of the subject. The first case was a man eighteen years of age, with complete closure of both nostrils. Inspection showed on each side within the anterior nares, a cup-shaped depression of white glistening membrane. On the left side a small hole was discovered. The operation was performed in April, 1886. The burrs devised by the speaker, connected with an engine, were used to cut through the cartilaginous occlusion. This was accomplished in a few minutes; the air passed freely through the nostril. At a subsequent operation the right nostril was opened. In April, 1887, the opening in the right nostril had become contracted and had to be reopened. In a second case in which the anterior nostrils were occluded by a osseous formation, the operation was performed in the same manner as in the previous case, with successful result.

AFTERNOON SESSION.

DR. ALEXANDER W. MAC COY, of Philadelphia, related

A COMPARATIVE STUDY OF SOME OF THE METHODS OF TREATMENT BEST ADAPTED TO THE RELIEF OF THE POSTERIOR NARES.

He confined his remarks to occlusion due to enlargement of the soft parts. He had never seen occlusion of the posterior nares due to osseous growth. He referred to the methods used in the treatment of occlusion of the posterior nares, and highly recommended the use of chromic acid fused on the end of a probe, the end of which is covered with a tube, which is withdrawn when the probe has reached the desired position. This is followed by the use of an antagonistic solution. He had found this better than the use of the galvano-cautery. Since using cocaine, he had not been able to use the cold wire snare in these cases on account of the contraction caused by the drug. He had also found difficulty in using the needles recommended by Dr.

Jarvis. The chief object of the paper was to call attention to the superiority of chromic acid, used in this way, over the other methods of treatment which had been recommended. He did not recommend the use of the acid either in crystal or in solution, for then it was not easy to limit the application to the desired point.

DR. JARVIS stated that he never used cocaine as a preliminary measure where he intended to remove posterior hypertrophies. He first includes the hypertrophies in the loop and draws the wire home and then applies the cocaine spray. The tissue included in the loop can not be affected by the contraction produced by the drug. We thus have the advantages of the anæsthetic without its disadvantages. It has been pretty generally recognized that chromic acid has many disadvantages. It may produce serious symptoms. The snare will accomplish in a few minutes what chromic acid requires considerable time to do.

DR. RICE agreed in the main with what the author of the paper had said. The turbinate bodies are difficult to penetrate with the needles, and there are many cases in which it is difficult to apply the loop posteriorly. He had not found any special disadvantages in the use of chromic acid.

DR. DELAVAN, of New York, formerly used chromic acid, but then gave it up. Lately he had again tested it, selecting for this purpose five patients, three of whom were physicians. He added enough water to the crystals to make them deliquesce, and then applied it with a cotton wrapped probe, the excess of acid having been removed. He had also used it by fusing it on a probe. In all these cases there was more reaction than followed the use of the cautery or the snare, and all the patients preferred the cautery to the chromic acid.

DR. DEBLOIS exhibited a plaster splint which he had employed with advantage in a case of

FRACTURE OF THE NOSE.

The splint consisted simply of a plaster cast, into which a piece of roller bandage had been incorporated. This was applied over the nose and held in position by the strips of bandage.

EXECUTIVE SESSION.

The report of the Committee on the Congress of American Physicians and Surgeons presented its report, embracing the conclusions of the Conference Committee, which were adopted.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. R. P. Lincoln, of New York.

Vice-Presidents.—Drs. J. N. Mackenzie, of Baltimore, and S. W. Langmaid, of Boston.

Secretary and Treasurer.—Dr. D. Bryson Delavan, of New York.

Librarian.—Dr. T. R. French, of Brooklyn.

Council.—Drs. Frank Donaldson, of Baltimore; J. Solis Cohen, of Philadelphia; F. H. Hooper, of Boston; and E. C. Morgan, of Washington.

The following were elected *Corresponding Fellows:* Dr. A. Gougenheim, of Paris; and S. Moure, of Bordeaux.

Dr. A. Jacobi, of New York, was elected *Honorary Fellow.*

The Association then adjourned.

NEWS ITEMS.

ANÆSTHESIA IN HEART DISEASE.—A special meeting of the Philadelphia County Medical Society was held on June 15th to receive the report of a Committee appointed, at the request of Dr. H. F. Formad, to inquire into certain testimony given by him at a coroner's inquest; which testimony, he stated, had been imperfectly reported, giving rise to a false impression in the public mind. The opinion attributed to Dr. Formad was "that ether should not be administered to persons suffering with heart disease." It is true that he did so state, but the important omission of the words additionally used by him, "without due precaution and proper care both during the administration of the drug and after its withdrawal," materially altered the import of his testimony as reported.

That Dr. Formad qualified his testimony by the use of the language quoted, was substantiated by the statement of the Coroner and the evidence of the records of the Coroner's office.

In view of these facts the Committee reported the following resolutions, which were unanimously adopted:

Resolved, That in the opinion of the Philadelphia County Medical Society, the testimony of the Coroner's physician, Dr. H. F. Formad, "that ether should not be administered to patients with heart disease, without due precaution and proper care both during the administration of the drug and after its withdrawal" is correct and proper; and the same caution should be observed in any other case.

And whereas, A false impression may have been given to the public by the imperfect reports of Dr. Formad's testimony published in the daily papers, and the medical profession placed in a false and dangerous position, therefore be it further

Resolved, That, in the opinion of this Society, the administration of ether is not only necessary and proper when pain is to be inflicted upon patients with cardiac lesions, but lessens the dangers incident to operation; provided that due care be taken during the administration of the anæsthetic, and proper regard be paid to its after-effects.

PHARMACY AT CORNELL UNIVERSITY.—A School of Pharmacy is to be opened in connection with Cornell University during the coming Fall. Women and men are to be admitted.

THE TWELFTH MEETING OF THE SOCIETY OF NEUROLOGISTS AND ALIENISTS OF SOUTHWESTERN GERMANY was held on June 11th and 12th at Strassburg. Among the papers of interest read was one on the Use of Hyoscin in Nervous Diseases, by Erb, of Heidelberg, and Demonstrations of Nervous Diseases, by Kussmaul, of Strassburg.

ILLNESS OF PROFESSOR BILLROTH.—As the name of the great Vienna surgeon is almost as much a household word among his English-speaking brethren as it is

in Germany, a few details respecting the indisposition which recently threatened to cut short his brilliant career cannot fail to be interesting to our readers. He had been confined to bed for some time by a sharp attack of bronchitis, when acute pneumonia supervened. These conditions, combined with fatty degeneration of the heart, brought about a state of alarming prostration, from which it was for some time thought impossible that he could rally. His celebrated colleagues, Von Bamberger and Nothnagel, were in constant attendance, and it is needless to say that everything was done for his relief that the most advanced science could suggest. Billroth appears to have derived most benefit from inhalations of pure oxygen, which were prepared for him every day by Professor Ludwig. Under this treatment the dyspnœa diminished, the pulse became stronger, and consciousness gradually returned. The illustrious patient is now fully convalescent, and will in a week or two be able to go to the fine country house at St. Gilgenfer belonging to his wife. It is seldom that the illness of a member of our fraternity has excited such universal interest and sympathy in all ranks of society. The varying phases of the disease were chronicled in the daily press, as if he had been a crowned head or a statesman of the first rank; and telegraphic messages of inquiry as to his condition were continually being received from royal and other exalted personages by those in charge of the case. It is particularly pleasant to record that the Imperial-Royal Society of Physicians, of Vienna, has sent Billroth a formal congratulation on his recovery.—*British Medical Journal*, June 11, 1887.

THE ACCIDENT TO THE KING OF THE COWBOYS.—The case of the celebrated cowboy, Buck Taylor, who met with an accident at Buffalo Bill's "Wild West" last week, is not without surgical interest. The peculiar character of the injury is explained by the circumstances under which it was inflicted. He was engaged in the quadrille on horseback, and was passing between two horses, when one of them, ridden by a "Western girl," swerved, and left little space for his horse to pass on. He attempted, however, to go forward, when the swerving horse swung itself with great force against his right thigh, and he felt the bone snap as he received the blow. Buck Taylor then tried to rest the injured limb along the back of the horse, but found at once that he had lost all control over the muscles of the thigh; so he threw his arm round the horse's neck, and looked out for the right moment to slip as comfortably as possible on the tan. Unfortunately, he could not control himself as he slid off, but fell on his back and sprained the muscles of his neck. Mr. Maitland Coffin was present, and improvised a splint for the injured thigh without disturbing the patient's clothes. Buck Taylor was removed in an ambulance to the West London Hospital, and admitted into Mr. Keetley's accident-ward. A simple and perfectly transverse fracture of the right thigh-bone was discovered, at the junction of the upper with the middle third of the shaft. The shortening hardly amounted to half an inch, owing, probably, to the direct violence which had broken the bone, without the aid of muscular action, and also to the transverse character of the fracture. This trifling amount of shortening is observed after an artificial transverse fracture as produced in Macewen's operation. The chief point of interest, however, in this case is the production of the fracture by direct force applied to the outer aspect of the thigh, not apparently high in degree, and without injury to the soft parts. A few similar cases have been recorded. The limb was placed in a long splint, with extension by a weight and pulley, and a kettle-holder splint was fitted to the anterior aspect of the thigh. Buck Taylor is quite the hero of the hour, and receives daily a large number of visitors, including many persons of high social position and culture, who take an interest in an unsophisticated child of nature. —*British Medical Journal*, June 11, 1887.

A SANITARIUM FOR THE PHTHISICAL.—FRIEDMANN has established at Berka, 800 feet above sea level, a small sanitarium accommodating ten patients, where the general treatment of phthisis, as recommended by Dettweiler at the recent German Congress, will be carried out.

PROFESSOR SENATOR has succeeded Professor Henoch in the charge of the clinic for children's diseases at Berlin; Professor Henoch being obliged to retire on account of ill health.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, FROM JUNE 14 TO JUNE 20, 1887.

HALL, JOHN D., *Captain and Assistant Surgeon.*—Leave of absence extended one month.—*S. O. 136, A. G. O.*, June 14, 1887.

BORDEN, W. C., *First Lieutenant and Assistant Surgeon.*—Granted leave of absence for one month.—*S. O. 138, A. G. O.*, June 16, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING JUNE 18, 1887.

WALTON, THOMAS C., *Surgeon.*—Ordered, June 15, for examination preliminary to promotion as Medical Inspector.

PRICE, A. F., *Surgeon.*—Detached from special duty, Annapolis, Maryland, proceed home and wait orders.

FLINT, JAMES M., *Surgeon.*—Detached from the "Albatross," and ordered to the Smithsonian Institution.

WILLSON, W. G. G., *Passed Assistant Surgeon.*—Ordered to the Receiving Ship "Independence," Mare Island, Cal.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDING JUNE 18, 1887.

BRATTON, W. D., *Assistant Surgeon.*—To proceed to Seattle, W. T., on special duty, June 8, 1887. When relieved, to rejoin station at San Francisco, Cal., June 11, 1887.

WATKINS, R. B., *Assistant Surgeon.*—Granted leave of absence for thirty days, June 8, 1887.

HEATH, F. C., *Assistant Surgeon.*—To proceed to Marine Hospital, Detroit, Mich., for temporary duty, June 17, 1887.

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CONTENTS

Entered at the Post Office at Philadelphia as Second-Class Matter.

"Having been made acquainted with the mode of preparation and the composition of 'Liebig Co.'s Coca Beef Tonic,' I have ordered it for patients requiring a tonic treatment. Such patients derived marked and decided benefit from it. Scientific men are becoming more and more impressed with the necessity of supplying by nutritive ingesta the wear and tear of civilized life, and the 'Coca Beef Tonic' is composed of materials well suited to fulfil the necessary requirements for which it has been prepared."

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Prof. Surgery, N. Y. Medical College; Surgeon-in-Chief, State Emigrant Hospitals, Ward's Island, N. Y.; Ex-Health Officer, Port of New York.

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